



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

FILED  
CLERK'S OFFICE

2005 AUG 31 A 10:53

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT <b>ROMAN VALDMA</b>		TYPE OF PROCESS <b>Final Order of Forfeiture</b>	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize <b>Washington Mutual (Loan #5302038590 3)</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) <b>P.O. Box 44118, Jacksonville, FL 32231-4118</b>		
Send NOTICE OF SERVICE copy to Requester:  JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Final Order of Forfeiture upon the above-named institution by certified mail, return receipt requested.  LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>Jennifer H. Zacks/LJT</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date June 23, 2005	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  <i>Stephen P. Leonard</i>
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Please see Remarks	
		Signature, Title and Treasury Agency <i>Stephen P. Leonard</i> Stephen P. Leonard, Forfeitures Officer	
REMARKS:  Order was served as instructed above by certified mail number 7001 2510 0003 4299 9547. Copy of signed Postal receipt showing receipt/delivery on July 25, 2005 is attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

Aug 29, 2006

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Charles Peterson</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Washington Mutual (Loan # 5302038590 3) P.O. Box 44118 Jacksonville, FL 32231-4118		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 1.5em; transform: rotate(-15deg);">JUL 25 2005</div>	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7001 2510 0003 4299 9547	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-01-M-0381	